

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000123598

**Entity Name:** CORTEZ OUTDOOR LIVING CENTER, LLC

**Current Principal Place of Business:**

8710 CORTEZ RD WEST  
BRADENTON, FL 34210

**Current Mailing Address:**

PO BOX 2100  
ANNA MARIA, FL 34216 US

**FEI Number: 82-1841446**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POWERS, MICHAEL C  
222 OAK AVE  
2100  
ANNA MARIA, FL 34216-2100 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	POWERS, MICHAEL C	Name	POWERS, SUSAN W
Address	PO BOX 2100	Address	PO BOX 2100
City-State-Zip:	ANNA MARIA FL 34216	City-State-Zip:	ANNA MARIA FL 34216

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL POWERS**

**MANAGER**

**02/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date